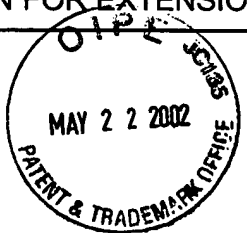


#5

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional)
	In re Application of <u>Ahmed Raslan</u>	
	Application Number <u>10/025,226</u>	Filed <u>12/18/2001</u>
	For <u>Electronic High-security Safe Lock</u>	
	Group Art Unit	Examiner
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <p><input type="checkbox"/> One month (37 CFR 1.17(a)(1)) \$ _____</p> <p><input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) \$ <u>400.00</u></p> <p><input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) \$ _____</p> <p><input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) \$ _____</p> <p><input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) \$ _____</p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ <u>200.00</u>.</p> <p><input checked="" type="checkbox"/> A check in the amount of the fee is enclosed. (<u>POSTAL MONEY ORDER</u>)</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number _____.</p> <p>I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record.</p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____.</p> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <p><u>5/22/02</u> Date</p> <p><u>Robert L. Slater</u> Signature</p> <p><u>Robert L. Slater</u> Typed or printed name</p> <p><u>Reg No. 18,107</u></p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p>		
<input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.		

05/28/2002 CCHAU1 0000066 10025226

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